



EXCEEDING THE EXPECTATION

The VA Network 2 Approach to Exceeding Customer Service • Issue 4, Spring 2000

<http://vaww.visn2.med.va.gov/>

<http://www.va.gov/visns/visn02/>

An Update on Reducing Waits and Delays in VA Clinics

by: Judy Harris, Bath and Kerry Grant, Albany

In the autumn edition of this newsletter, it was identified that a national VA project to reduce waiting times and delays in Network 2 outpatient clinics was launched. The project, done in partnership with the Institute for Health Care Improvement (IHI) in a method called a "Collaborative" impacts Network 2 outpatient clinics. This collaborative aims to reduce delays and cycle times on the order of 50% in focused parts of the system across VA sites.

The VA Healthcare Network of Upstate New York (Network 2) effectively used the tools of the IHI-Collaborative improvement process to achieve remarkable gains in access for patients. Of particular note, Bath and Albany VA Medical Center teams both achieved their respective aims for improved access three months prior to their targeted goals. Bath excelled in the Orthopedics Clinic and Albany in the Rheumatology Clinic. This significant progress facilitated the efforts of the Network 2 core teams at the Syracuse, Canandaigua, and Buffalo/Batavia sites, as well as the overall progress of the Network 2 "Spread" clinics.

The continuous testing of changes and the measurement of improvements in the areas of Access, Capacity, Demand, Efficiency and Patient Satisfaction were effective means of significantly improving timely access to

outpatient care for veterans in Upstate New York. Extensive communication mechanisms were utilized to engage key clinical staff across VISN 2 in this exciting process. These mechanisms are still in place and include:

- Biweekly video conferencing lead by the Network 2 Point of Contact (POC), with presentations from the site core teams.
- Biweekly telephone conferencing with the core teams.
- Site visits between facilities.
- Presentations from the core teams to Executive Leadership, Customer Service and Quality Councils at the local and Network levels.
- Use of the Network 2 spreadsheet tracking system.
- Publications in Network 2 Newsletters and on the Network 2 Website.

The Team quickly moved beyond the five initial pilot teams to several more teams at each site, thereby "spreading" the work of the Collaborative into Primary Care and Specialty Clinics across the Network. The core teams from each site are actively working together on the rollout of a Network 2 Internal Collaborative to assist in facilitating the "Spread." The Identification/Selection of the "Spread" Teams were prioritized based on performance measures and identified performance improvement needs.

The recognition of Network 2's progress began November 1999 when the Bath VA Medical Center team was asked to present "Decreasing the Backlog" at Learning Session 2 of the IHI Collaborative presented at Learning Session 3, held in March 2000 which focused on "Specialty Care Access." Albany VA Medical Center was also invited to present at Learning Session 3 on "Access and Efficiency in Specialty Care". Network 2 was proud to be represented by William Feeley, Medical Center Director, VA Western New York on the Leadership Panel with a presentation on "The Role of Senior Leaders in Supporting Collaborative Teams" at Learning Session 3.

The Network 2 Teams, along with Senior Leaders, celebrated their success when Dr. Thomas Garthwaite, Acting VA Undersecretary, showcased the seven most successful sites across the nation with three of these from Network 2: Albany, Bath and Syracuse.

If you have questions about the collaborative, please contact your local team member who includes the following: Kerry Grant-Albany, Judith Harris-Bath, Pamela Chester and Debbie Rockefeller-Canandaigua, Debbie Rioux-Syracuse and Lany Mankowski-Western New York. Network 2's point of contact for the national Collaborative is Fabiane Erb located at VA Western New York.

What to Expect...

X IHI Status Report

X Patient Education Envelopes

EDITORIAL BOARD



Frederick L. Malphurs
Network Director



Editor
Clyde Parkis
VP, Customer Service Council

Editorial Board

Louise O'Neil, Albany
Lizabeth Weiss, WNYHS

We encourage our readers to contact their facility representative related to questions, content or for article submission. The representatives are:

Albany: Louise O'Neil
Bath: James Jenkins
Canandaigua: Kevin Campbell
Syracuse: Gordon Sclar &
Joe Ortolano
WNY: Lizabeth Weiss



New "Patient Binder" Offers Inpatients Help at a Glance

by Gordon Sclar, Syracuse and Joseph Ortolano, Syracuse

Network 2 makes patient communications a top priority. Imagine yourself as a veteran patient admitted to a VA hospital for the first time. You and your family have special needs and concerns. The Network 2 Customer Service Council has now developed an innovative communications tool to help eliminate this anxiety.

It's called a "Guide to Patient and Visitor Services" or "Patient Binder". For the first time, veterans throughout the VA Healthcare Network Upstate New York will have a source that has consistent, accurate information focusing on patient rights and responsibilities and related hospital services.

It is our primary goal to make the veteran patient and their family members as comfortable as possible during their hospital stay. Effective communication is essential in making this happen.

For the first time, this important inpatient information has been compiled into one easy-to-read sourcebook that includes such topics as:

- Parking
- Visiting Hours
- Hospitality Suites
- Veterans Benefits Counselor
- Patient Representative
- Minority Veterans Program
- Program for the Visually Impaired
- Social Services
- Military Order of the Purple Heart
- Interpreter Services
- Pastoral Care
- Pharmacy Services
- Patient Education Services
- VA TelCare
- Retail Store services

...and much more

"Patient Binders" are being distributed throughout Network 2 VA Medical Centers and Community Outpatient Based Clinics across Upstate New York with accurate, consistent information common to all VA Medical Centers and Clinics. This valuable VA information source will be placed in patient rooms, reception, and waiting areas within the next several weeks.

Most significantly, a "Talking Patient Binder", on audio cassette/CD's will be offered to those who are visually impaired. These "Binders" will also be translated in Spanish for those veterans/family members of Hispanic descent.

Effective Patient Communication is the key to our success and Network 2 continues to strive to excel in this area.

Treating Veterans with CARE



Further information on page 4

“Comping”, a Service Recovery Program

by James Jenkins, Bath VA

The Customer Service “Comping” Program of Network 2 was the featured “LESSON OF THE MONTH” on the VHA National Conference Call, February 4, 2000. Mr. Clyde Parkis, Vice President of VISN 2’s Customer Service Council and Director at the Albany VA Medical Center presented this innovative program to executive leaders nationwide.

The Network 2 “Comping” or Service Recovery Program was designed to empower Medical Center support staff and equip them with tools they can use to turn negative customer service events into positive ones for our veterans and guests. As an integral component of a successful customer service program, service recovery consists of a series of actions that a staff member can take to turn a negative customer service event into a positive, memorable experience. Network 2’s Comping Program employs this concept by giving staff additional tools they have not had in the past that can provide service recovery when encounters do not work out as well as we would hope for veteran patients, family members and other guests utilizing our health care system.

In the past, it was not uncommon to witness an escalating situation that progressed in part because staff had not been given basic tools that would assist them in achieving service recovery at the first point of contact with our veteran patients and guests. Looking at our complaint process and patient feedback, it was clear that interventions need to occur as close to the point of contact as possible. Preventable escalations that result in patients leaving VA health care, turning for Congressional help or dissatisfied patients telling other veterans about their negative experiences were evident.

Network 2’s Customer Service Council reviewed service recovery

systems that have worked in other systems. We decided there was a need and desire for our staff to be “early heroes” to our veterans and guests. In addition to basic Customer Service training that has been provided for many of our frontline staff across the Network, we looked for new creative ways to initiate earlier service recovery. A 90 day “Comping” service recovery program was piloted at the VA Western New York Healthcare System late in FY 98. The pilot was initiated in a few clinics and front-line access points. The pilot was successful and was rolled out as a permanent program for all staff at VAWNYHS in FY99. The program’s successes were concurrently reviewed by the Customer Service Council and adopted as a model for the Network 2 program that same year.

The Comping Program consists of two elements: Monetary and Non-monetary. Staff members receive guidelines for simple and creative behaviors to use when they recognize something isn’t going right for the veteran or guest and what they can do to “comp” or compensate them as part of an immediate remedy. The service recovery action should be tailored to the individual situation and the degree of inconvenience or disturbance the VA has caused the patient. Often all that is needed is a non-monetary action on the part of the employee. The specific option used is limited only by staff creativity. Examples of non-monetary service recovery actions include: taking extra time in active listening, showing extra kindness and concern, offering an apology for what went wrong, when directions are requested, accompanying the requester to their destination, “owning” a telephone call, personally connecting the patient with the appropriate staff member, providing the patient with a pager and offering to page when the doctor is ready to see him/her; giving the patient an appointment with a different provider if the original provider

is not available, offering complimentary coffee from volunteer coffee carts. These simple steps are often all that is needed to show that staff is concerned and want to help.

Monetary “comping” options include \$1 and \$5 denomination coupons, redeemable for food or beverages through the Canteen food services, discounts at the Canteen Retail Store, long distance phone cards, or as one Network facility provides, a free massage therapy session. The Canteen Service coupons are purchased through Voluntary Service funds. Staff who use the monetary coupon track the recipient, the reason for “comping”, the level or amount used, and the outcome. Early fears that some patients would “eat lunch on us every day” or that some staff members would handout coupons indiscriminately, have been proven wrong. It’s evident that staff are creative and use the monetary method in rare instances, and that they are really most intent on improving the situation for the veteran and/or guest.

Staff members are learning to immediately recognize customer service situations that are going awry and are using their individual creativity to remedy customer service problems. They enjoy the opportunity to become “heroes” for our veterans and guests, and are using the monetary “comping” methods judiciously in those rare situations they deem it necessary. Patients and guests are glad to see negative situations remedied and, even though they may not always get exactly what they want, they do appreciate the prompt and positive response. They appreciate the fact that our staff acknowledges their situations and perspectives and respond to correct the situation or make it more palatable. This customer service initiative has resulted in more satisfied patients by empowering staff to correct or improve situations at the time of occurrence.

Treating Veterans with CARE

by Kathryn Prividera, Albany VA and Patricia Widzinski, WNYHS

If you are a VA employee, you are an important member of the health care team and entitled to 6.5 hours of education credits just for sampling the Treating Veterans with **CARE** program. The **C.A.R.E.** framework was developed by the Bayer Institute as a tool for thinking about communicating with patients and coworkers. The program is about improving health care not just simply increasing veteran satisfaction with services received.

In 1993, Executive Order 12862 was issued to establish and implement customer service standards. The purpose of VHA Directive 10-94-102, signed October 1994, was to publish customer service standards for Dept. of Veterans Affairs health care delivery. August 1995, VHA Directive 10-95-080 emphasized the need to comply with the fore mentioned Executive Order and Directive by posting standards, measuring results, and reporting results to customers. A 1997 Focus Group of Persian War Veterans identified courtesy, timeliness, and having a primary provider as the top three issues. VISN 2 Customer Service Council utilizes survey results to make recommendations to improve services for the Upstate New York Veteran population.

All businesses must have customer satisfaction to stay in business, but in health care the stakes are higher. VA customers come with acute disease and/or chronic conditions; with fears and/or anxieties; with physical and/or psychosocial pain; with family concerns. They come looking for compassion in VA employees. Veterans say that when staff recognizes their distress and discomfort related to their health problems, they value the overall services they receive. Patients who like us are more likely to follow through with taking medications and keeping appointments. Compliance makes the Veteran's health better and the employee's job more satisfying. To have high customer satisfaction in health care, we must be

both helpful and healthful to achieve positive outcomes. Helpful is easily understood. Healthful brings in the additional factors of ethical, legal, moral, and human aspects, which effect outcomes.

Treating Veterans with CARE is designed as an action learning process – all participants get involved in activities, which provide opportunities to review and enhance one's own communication skills. Our thinking is translated into what we dohow we listen what we say. Facts are that yes; sometimes Veterans treat front-line staff poorly because they are viewed as gatekeepers who keep Veterans from getting what they want. Sometimes front-line staffs are powerless targets on whom Veterans dump all their frustrations.

CARE is the tool, which will empower employees to take control of their own communication process. **CARE** is a cue word. **CARE** is attitude. **CARE** Express has four cars which couple together as the framework for effective and compassionate communication. Let's look closer at CARE.

C = connect with the Veteran. (Choice of words, tone of voice, body language, eye contact)

A = appreciate the Veteran's situation. (Listen carefully, acknowledge, and express concern)

R = respond to what the Veteran needs. (Listen, clarify, establish expectations, and offer possible solutions)

E = empower the Veteran to problem solve with you. (Empowerment begins with connection and appreciation)

Each step in the process, each car in the train, relates to one or more of the Customer Service Standards.

A great deal of research on how to motivate a patient shows that the first step is building rapport: connecting

with the patient as a person and learning about and appreciating his/her situation. A "warm" greeting goes along way. Voice tone is often more powerful than the words spoken. Delays happen but if the Veteran is informed this shows respect, provides accurate information and offers them some options.

No one wants to hear complaints. Complaints are a signal we aren't doing well – not meeting the customer's expectations—but most complaints have solutions. We need to listen to find solutions. When things go wrong, there is opportunity for **CARE** Repair.

During the month of February, Master Trainers Pat Widzinski, WNYHS and Kathy Prividera, Albany presented introductory sessions at each of Network 2 facilities. Look for **CARE** graduates at your facility. They are your coworkers who are wearing **CARE** buttons – talk to them about the excitement of **Treating Veterans with CARE** program.

VISN 2 Customer Service Council has endorsed the **Treating Veterans with CARE** training goals as follows:

FY 2000 –

All Veteran Service Center staff

FY 2001 –

1st quarter - A total of 5 Master Trainers

2nd quarter - 20 additional trainers trained

4th quarter - 25% network employees trained

FY 2002 -

50% network employees trained

All front-line VA employees

*Catch the
"I CARE ATTITUDE"
ALL ABOARD!!!*